PMWG Readmissions Sub-group

09/24/2019

HSCRC
Health Services Cost Review Commission

Agenda

Need direction from subgroup on:

1. TCOC Model Improvement Target
2. RY2022 Attainment Methodology
3. RY2022 Readmission Measure
4. Patient Adversity Index Disparity Measure
5. Excess Days in Acute Care Measure

RY2022 Improvement Target

General Improvement Target Considerations

1. Lack of demonstrated, sustained asymptote suggests that hospitals can still improve
   a. As does lack of shrinking denominator
2. Case-mix adjustment and statewide normative values acknowledge increase in case-mix index over time
3. Sub-group believes improvement target preferable than attainment-only readmission program
   a. Uncertainty in acceptable readmission rate is cushioned with opportunity to earn credit for improvement
4. An acceptable readmission rate will always be non-zero, some readmissions are unavoidable and hospitals should not be unduly pressured to reach zero readmission rate

All-Payer Improvement Estimates

Estimating Method*	Percent Improvement	Resulting Readm Rate (2023)**
1. Annual 2013-2018 Improvement	-14.94%	9.73%
2. Annual 2016-2018 Improvement	-11.48%	10.13%
3. Readmission-PQI Reduction (50%)	-9.36%	10.19%
4. All hospitals to 2018 Median	-6.5%	10.70%
5. Reduction in Disparities	-4.2%	10.96%

Other areas discussed: Medical/surgical, TPR experience, clinical expertise

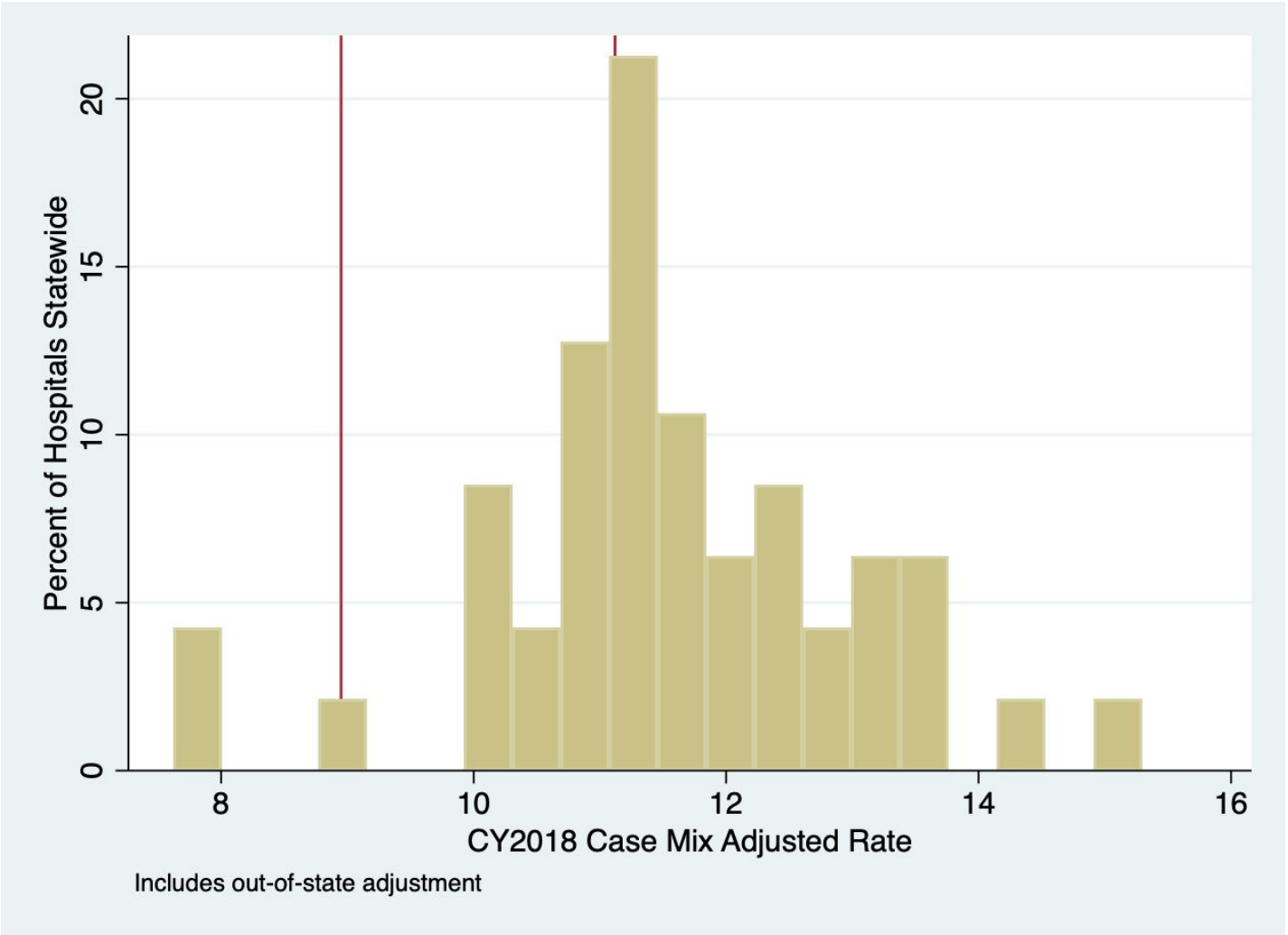
*The PQI and disparity reduction analysis use RY2020 data without specialty hospitals; all others use RY 2021 for CY16-CY18.

Concluding Conversation

1. Does subgroup generally agree:
    a. Maryland still has opportunity to improve on case-mix adjusted readmissions? Thus RRIP should include improvement and attainment.
    b. Important to set a TCOC model improvement goal for the state over 5 year period? Can reassess after 3 years.
    c. Based on the modeling of various opportunities a 7.5% (or 1.5% annually) improvement goal seems reasonable pending additional analytics and further discussion from PMWG?
        i. Lock in base as 2018 for measuring improvement for the 5 years

RY2022 Attainment Considerations

Distribution of CY18 Readmission Rate



Red vertical lines indicate RY21 Attainment Benchmark (8.94%) and Threshold (11.12%)

Concluding Conversation

- Does the subgroup generally agree:
  - Maintain the current attainment threshold set at the 35th percentile?
  - Should we continue to add in improvement target?

RY2022 Readmission Measure

Inclusion of Oncology Patients

- Despite complexity, HSCRC plans to include oncology patients in the readmission measure using an adapted version of **NQF 3188** 30-day unplanned readmissions for cancer patients
  - Apply cancer-specific logic to all discharges with a primary or secondary malignancy diagnosis
  - Adapt to exclude discharges (numerator and denominator) with a liquid tumor or bone marrow transplant procedure, or bone marrow transplant status diagnosis Z94.81

- Next steps:
  - Finalize measure adaptation and analyze differences with current measure,

Does subgroup agree that it important to include oncology patients in a responsible way?

Does subgroup agree with AMA patients being removed from Readmission Measure?

- Based on Commissioner concerns, staff explored and presented data and literature indicating:
  - AMA patients have high readmission rate
  - Percent of discharges with AMA ranged from 0.5% to 6% on by-hospital basis
  - Reasons cited in the literature for leaving AMA include both patient factors and provider factors
  - Descriptive statistics showing that high proportion of AMA discharges have primary or secondary behavioral health diagnosis and more than half have Medicaid
  - CMS removes AMA patients from readmission measures (although included in our Waiver Test metric)
- Staff recommendation:
  - Remove AMA discharges using Patient Disposition Code to align with CMS
  - Patient disposition = 07 for SFY19 and beyond (Left against medical advice or discontinued care (includes administrative discharge, escape, absent without official leave); 71, 72, 73 for prior to SFY 19)
  - Monitor AMA readmissions and percent of patients discharged AMA

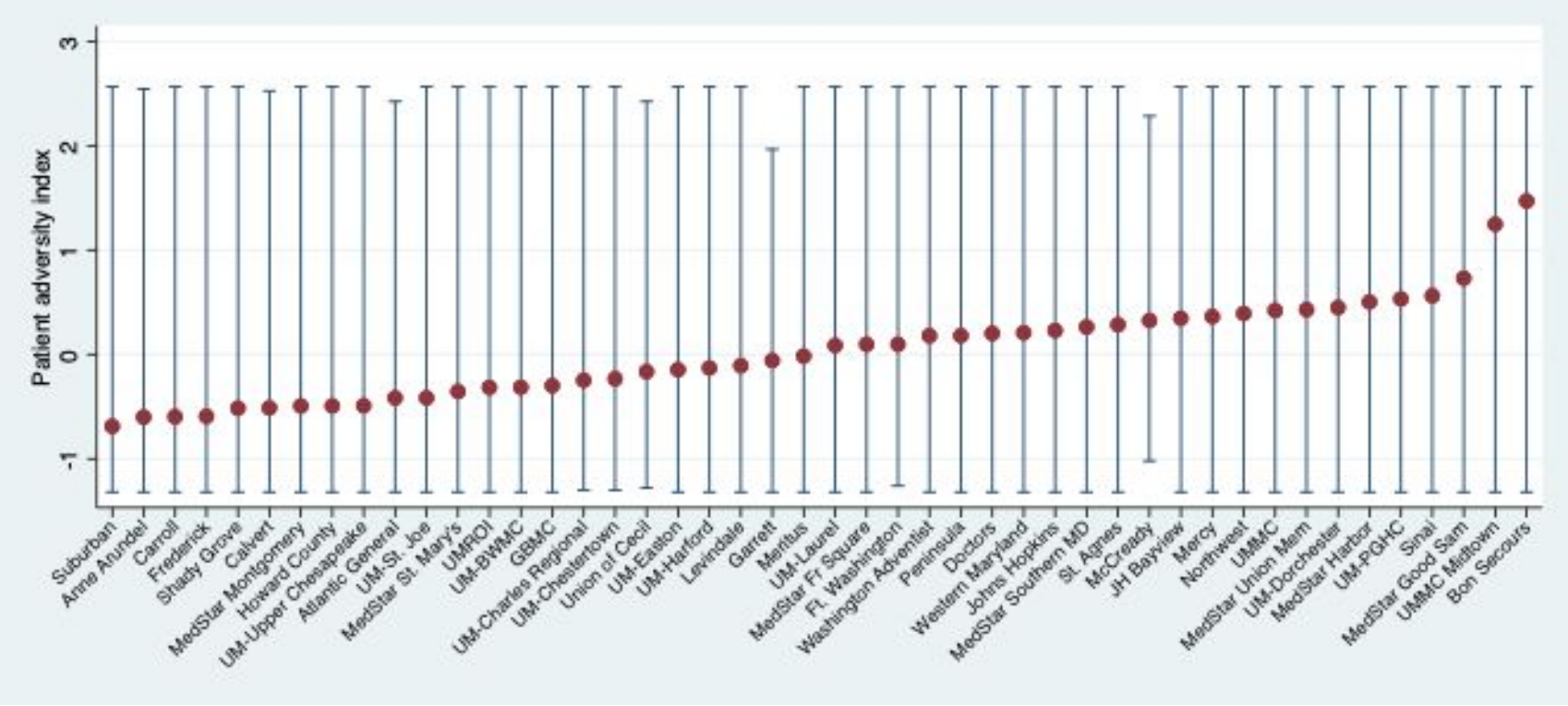
Patient Adversity Index Disparity Measure

MARYLAND

Patient Adversity Index (PAI): Updated Weights

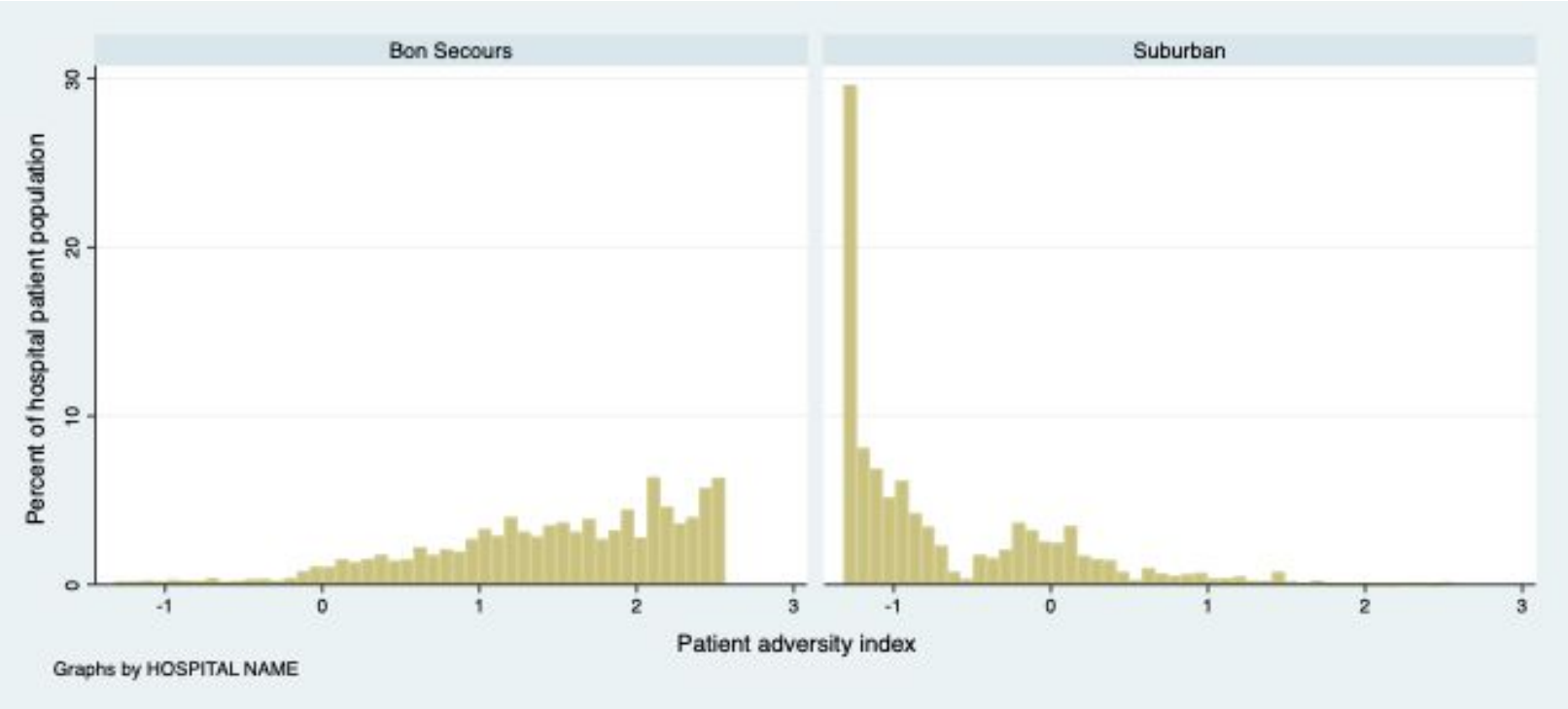
- Medicaid (dual or only): 3.4
  - Interpretation: Patients with Medicaid status have a readmission rate 3.4% higher than others.
- ADI (change of 1 SD): 1.5
- Black race: 2.6
  - Comparison to patients of all other races
  - Excludes patients with unknown/missing race
  - Leaving out ethnicity due to validity concerns

Updated PAI range by hospital



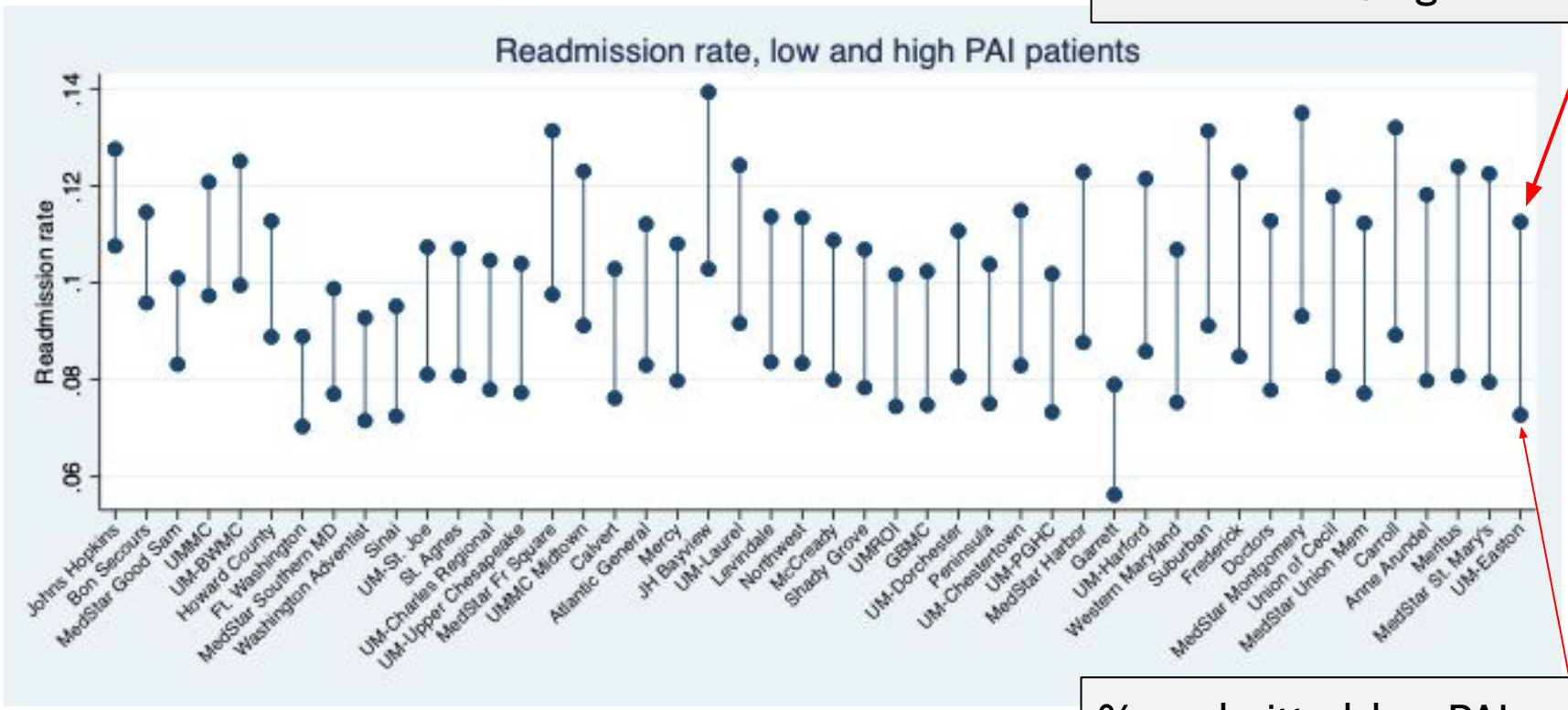
- There is substantial overlap across hospitals in the distribution of PAI values, i.e. individual hospitals do not exclusively serve disadvantaged or advantaged populations.
- Analysis suggests it is appropriate to compare disparity by PAI between hospitals.

Updated PAI: Comparing the extremes



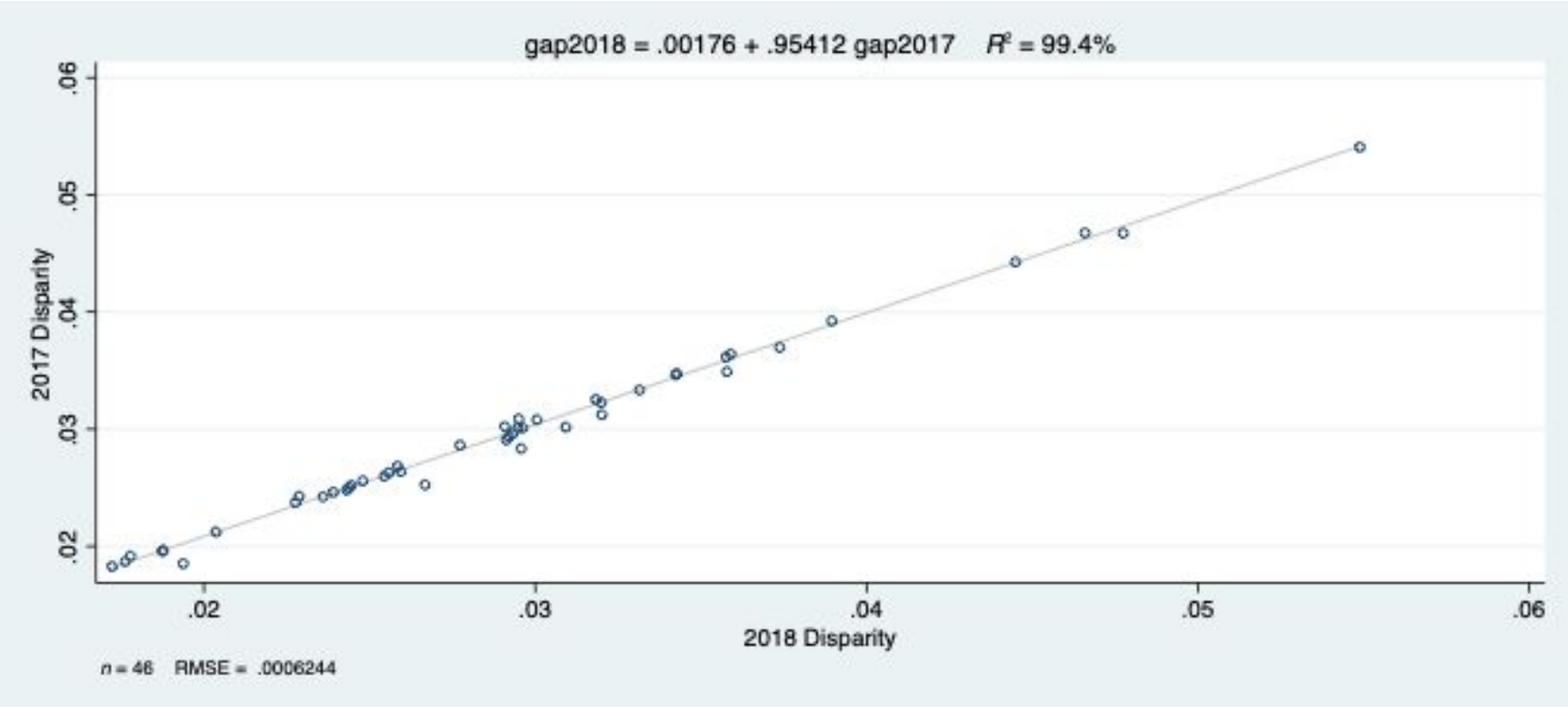
Hospitals with mean PAI values at opposite ends of the range overlap in the types of patients they treat

Disparity Score with Updated PAI



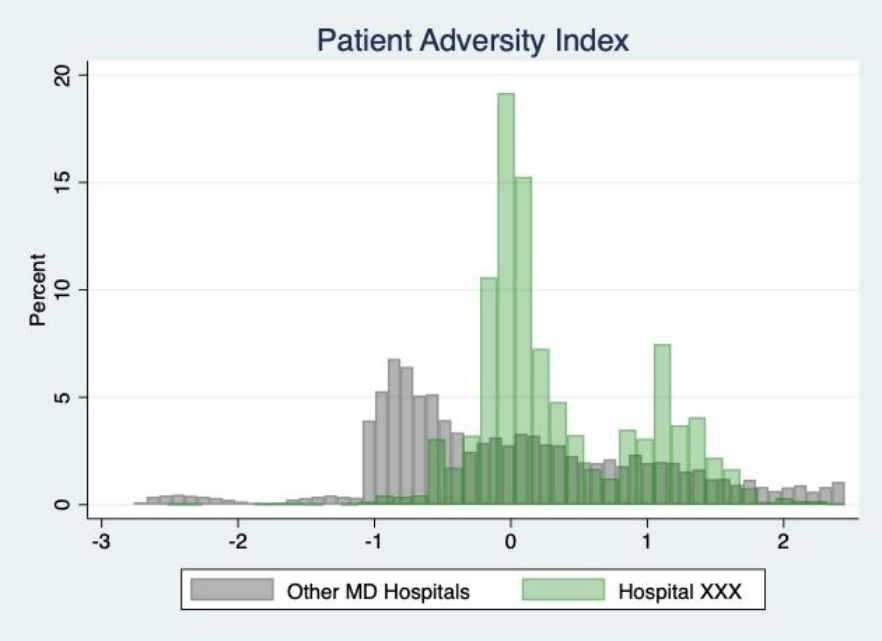
Risk difference disparity score reflects the difference in readmission rates for low- and high-PAI patients

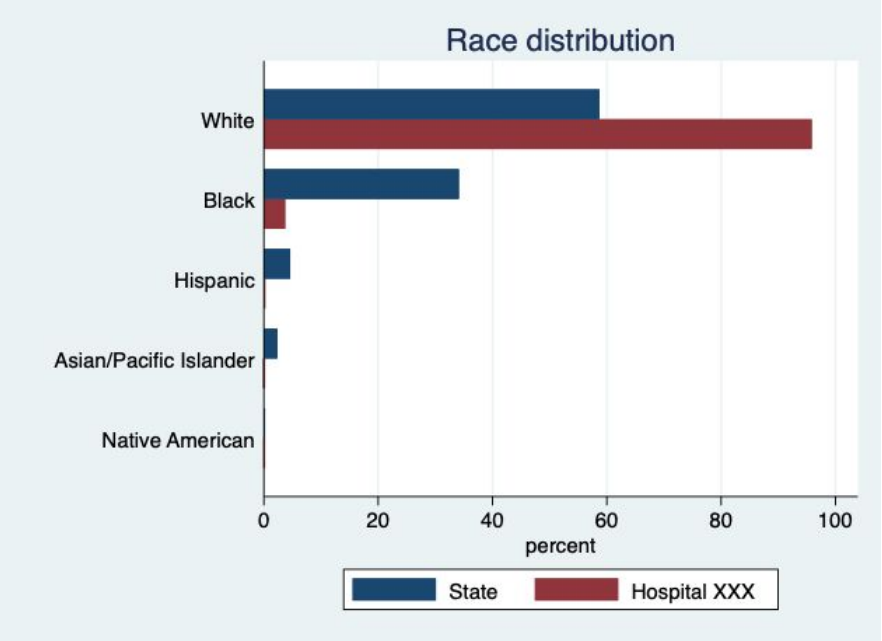
Disparity Score with Updated PAI



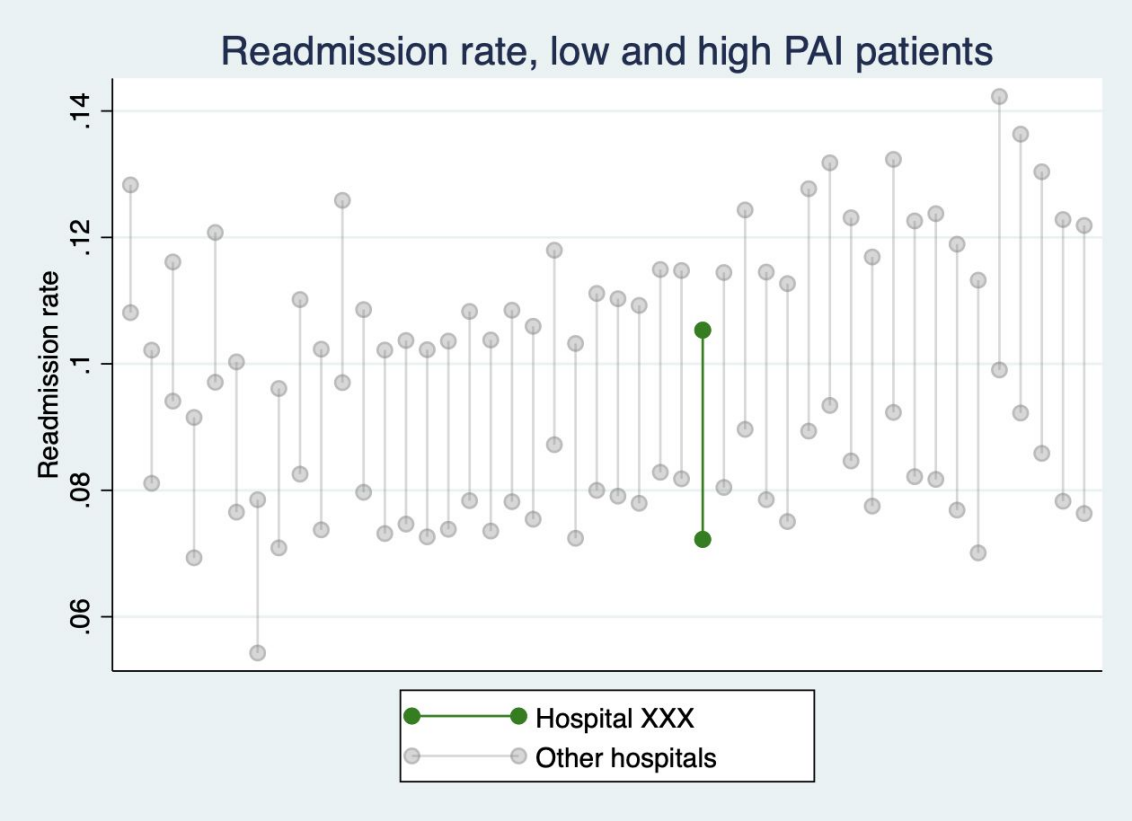
Gap measure is currently extremely stable year over year, which suggests strong reliability

Sample hospital reporting: Social factors





Sample hospital reporting: Disparity performance



Timeline

	Plan A	Plan B
CY 2019	Finalize within-hospital disparity measure	Finalize within-hospital disparity measure
CY 2020	Include measure in RRIP program at small domain weight for improvement (reward only)	Measure reporting, consider goal for disparity reduction
CY 2021	Consider refinements to measure, attainment/penalty options	Include measure in RRIP program at small domain weight for improvement (reward only)

RY 2022 Redesigned Readmission Reduction Incentive Program

Improvement	Attainment	Disparity Gap
Metric		**Metric**
Case-Mix (diagnosis and severity of illness) Adjusted Readmission Rate	Case-Mix Adjusted Readmission Rate with Medicare Out-of State Adjustment	Gap between high and low social exposure, based on Patient Adversity Index (race, area deprivation index, Medicaid)
Goal		**Goal**
7.5% Improvement 2018-2023 (1.5% annually for 5 Years)	35th Percentiles of Historical Performance with Improvement Factor	Improvement in Gap
Revenue Adjustment		**Revenue Adjustment**
Better of improvement and attainment Scaled rewards and penalties of up to 2%		Positive Incentive Only applied to the Improvement/Attainment Revenue Adjustment

Additional Development and Monitoring

- Address ED and Obs revisits through development of all-payer excess days in acute care measure
- Continue to develop and monitor national benchmarks
- Assess non-Medicare out-of-state ratios
- Develop other monitoring reports (e.g., AMA)

Concluding Decision Points - convert to decision table

Topic	Next Steps	For RY Policy?
1. Improvement Target	Additional analytics, checks	RY 2022
2. Attainment Benchmark and Threshold Methodology	Additional analysis and discussion with PMWG	RY 2022
3. Readmission Measure Updates	Finalize measure changes and review differences	RY 2022
4. PAI Disparity Measure	Validate measure, consider revenue adjustments	RY 2022? or Monitoring
5. EDAC Measure	Development	RY 2023? or TBD

Conclusion of RRIP Sub-group

To continue the conversation, please join us in the audience at the **Performance Measurement Work Group**

- Next PMWG meeting is **Wednesday, October 16 at 9:30a**